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SKIN DISEASES IN CHILDREN

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DURING the year 1936, 2,760 patients attended the Skin Clinic at the Hospital for Sick Children in Toronto. Of this number 1,097 were new patients, and the balance, 1,663, repeat patients.

TABLE I.
THE VARIOUS DISEASES SEEN DURING THE YEAR 1936

	Number	*Percentage*
Acne vulgaris	16	1.44
Alopecia areata	13	1.17
Dermatitis (artefacta)	1	0.09
Dermatitis (seborrhœica)	38	3.42
Dermatitis (venenata)	101	9.09
Dermatomycosis	39	3.51
Ecthyma	1	0.09
Eczema	159	14.31
Furunculosis	12	1.08
Granuloma annulare	1	0.09
Herpes simplex	5	0.45
Herpes Zoster	3	0.27
Ichthyosis	13	1.17
Impetigo (Bockhart)	4	0.36
Impetigo (bullosa)	2	0.18
Impetigo (contagiosa)	203	18.27
Keloid	9	0.72
Molluscum contagiosum	8	0.72
Nævus (pigmented)	8	0.72
Hæmangioma (cavernous)	87	7.83
Hæmangioma (araneus)	7	0.63
Hæmangioma (flammeus)	11	0.99
Pediculosis capitis	13	1.17
Pediculosis corporis	2	0.18
Pityriasis rosea	20	1.80
Psoriasis	10	0.90
Scabies	93	8.37
Scrofuloderma	1	0.09
Tinea tonsurans	43	3.87
Tinea circinata	36	3.24
Urticaria	11	0.99
Urticaria papularis (strophulus)	29	2.61
Verruca plantaris	28	2.52
Verruca plana	3	0.27
Verruca vulgaris	68	6.12

With reference to the commoner diseases, impetigo contagiosa accounted for 18 per cent of the total, or in all, 203 patients. The disease, as you know, occurs throughout the year, but is more prevalent during the winter months. We use various treatments. Ten years ago all patients apparently did well with full strength ammoniated mercury ointment, but today this is not the case. A more useful remedy is a mixture of sulphur in calamine lotion, five grains to the ounce, applied freely during the day; and at night, a thorough application of ammoniated mercury ointment and zinc-oxide ointment in equal parts. It is important to remove crusts morning and evening with warm olive oil, followed by warm boracic solution.

The second most common disease was eczema. There were 159 patients, or 14 per cent. All eczema patients do not attend the clinic. They go to the medical clinic where the diet is corrected, and some are referred to the skin clinic, so that the number 159 does not represent all patients with eczema attending the out-patient department. Apart from dietary changes and nursing care, the most improvement is obtained by the removal of external irritants and the thorough application of crude coal tar ointments, examples of which are given in the next chapter.

Dermatitis venenata, or eczema, as many would classify the group, occurred third in frequency, namely 101 patients, or 9 per cent. The term refers to a disease allergic in origin, arising primarily from an external irritant where the irritant is known. Due to repeated irritation the skin becomes inflamed, primarily at the area of contact, but later over widespread surfaces. The lesions improve and recur until the skin develops a protective coat of oil. Where the disease has continued on to adult life it is not unusual to find that these patients have a dry skin, or xeroderma, that is a congenital deficiency of oil and sweat glands. In my opinion, the most common irritant in the infant is saliva. The cheeks and hands become macerated with all the signs of inflammation due to repeated wetting from drooling and sucking the fingers. The second most common irritant is wool worn as a jacket or bonnet, or that worn by the

mother. Soap and water, a wet pillow, wet bedding, dyed fur, clothing washed with chipped or powdered soaps, or clothing washed with some of the common bleaching solutions and improperly rinsed, are all common irritants. An interesting source of irritation and one that may be overlooked in the adult as well as the child is that of new clothing, clothing that has been treated by the manufacturer to give gloss, softness or "body". The chemicals used are zinc sulphate, zinc chloride, calcium chloride, magnesium sulphate, and, when dyed, potassium bichromate. The first one or two washings generally remove the chemical.

The treatment of dermatitis venenata is similar to the treatment of eczema; that is, to correct the diet, protect the delicate skin, remove all sources of external irritation, and apply soothing crude coal tar ointments or paste. The colourless tars, in my opinion, have not proved satisfactory and may be quite irritating. If the ointment is greenish-black, rather than jet black, it is certain to aggravate the disease. Some of the combinations we use are crude coal tar, 1, 2 or 3 per cent in Ihles' Paste, or Lassar's paste, or a mixture as follows: crude coal tar grains 10, zinc-oxide drachms 1, and eucerin anhydrous or vaseline to one ounce. The ointment is spread thinly with a tongue depressor, or a dull knife, not rubbed in, and is covered with a thin layer of gauze. The application is made morning and evening, and the parts are cleansed once or twice a day with olive oil, sweet almond oil, or mazola oil.

Scabies occurred fourth in frequency, 93 patients, or 8 per cent. This is not high for an out-patient clinic. The disease occurs throughout the year but, again, is most common during the school term. There is not any better treatment than the thorough application of full strength sulphur ointment from the chin to the soles of the feet, following a thorough scrubbing, and repeated three successive nights. It is necessary to use from one to two ounces of ointment for each treatment and to carry out the treatment at bedtime. Clothing is *not* to be changed daily. The ointment-soaked clothing is an advantage. Following the three nights' treatment all clothing must be sterilized.

Tinea tonsurans, or scalp ringworm, was fifth in frequency, 43 patients, or 3 per cent. Treatment varies. Between the ages of five and twelve years we rely on x-ray depilation. Dr. A. H. Rolph, in charge of the x-ray department, gives the x-ray treatment. Under the age of five, the head is too small for satisfactory x-ray treatment, and strong local remedies are used. The disease clears at puberty without treatment, so that x-ray depilation is not necessary after twelve years of age. Of all local remedies, either for tinea tonsurans or tinea circinata, unguentum anthralin (0.25 per cent), or cigmalin, is probably the one most useful. It is necessary to avoid severe inflammation, but unless one does cause some inflammation the result will not be satisfactory.

Hæmangioma or birth marks of the cavernous type numbered 87, or 7 per cent. We rely for the most part on treatment with carbon dioxide snow, and if this treatment is given with light pressure and short exposures, say, fifteen to twenty seconds, at intervals of not less than four weeks, I believe that the cosmetic effect is better than with any other treatment. If scars occur pressure at the time of treatment has been too severe. For large cavernous hæmangioma there are better methods, namely radium, or excision.

Verruca vulgaris, the common wart, numbered 68, or 6 per cent, and verruca plantaris, 28, or 2 per cent. Either the clinic is better known, or the disease is increasing. Five years ago we saw 16 patients with verrucæ. You know the variety of treatments for warts. One of the most satisfactory methods is thorough desiccation under local anæsthesia; removal of the desiccated mass by curetting, and further desiccation of the small crater. For verruca plantaris radium treatment is best. A five or ten mg. radium plaque, without filter, except to the surrounding normal skin, is applied for one hour. One treatment may be effective. Two or three treatments at monthly intervals may be necessary. As soon as the verruca loses its tenderness it should be picked out, or it will remain in position as a foreign body. Verrucæ arise in irritated areas and the foreign body acting as an irritant gives rise to regrowth.

Dermatomycosis, or "athlete's foot", numbered 39, or 3 per cent. Ten years ago, there were four patients seen throughout the year. The disease has been common at the skin clinic of the Toronto General Hospital since the war, but it is only in recent years that we are seeing many patients at the children's clinic. Among the various treatment we have found the following routine of value. Keep the feet dry, using dusting powder freely, wear cotton stockings so

that they may be boiled; change the shoes frequently so that the leather does not become sweat-laden, and swab the insoles with dilute lysol. Bathe the feet in the morning with potassium permanganate solution (1/20,000). Dust the feet after bathing with the following powder, Acid Salicylic, grains 5; Pulv. Amyli, Talc, Zinc Oxide, Pulv. Acid Boracic aa drachms 2. At night bathe the feet and apply lotio calaminæ, to which has been added 1 per cent sulphur præcipitate. Another useful application is Acid Salicylic 5 per cent, Acid Tannic 10 per cent in Alcohol (65 per cent), painted on morning and evening after bathing the feet in warm boracic solution.

Pityriasis rosea cases numbered 20, or 1 per cent. For some years we have been interested in the occurrence of the disease after wearing new under-clothing that has not been washed before wearing. When fleece-lined underwear was more fashionable, as it seems to have been about ten years ago, it was quite common to find the disease occurring after wearing an unwashed suit of this material. The disease responds readily to treatment. A useful application is phenol, 1 per cent in linimentum calaminæ applied freely many times a day, and a daily sodium bicarbonate or boracic sponge-bath. Erythema doses of ultra-violet ray increase exfoliation and shorten the course of the disease.

CONCLUSION

It is evident that the most common diseases in the skin clinic are contagious, namely impetigo, scabies and tinea.

The next most common are allergic in origin, namely eczema and dermatitis venenata.

A variety of treatments is necessary in the majority of skin diseases. I have referred to some routine methods that have proved of value over a period of years.

Case Reports

A CASE OF APPENDICITIS WITH MOST UNUSUAL SYMPTOMS

BY WILLIAM OLIVER STEVENSON

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Mrs. D.B., aged 41, was admitted to St. Joseph's Hospital, Hamilton, on the evening of February 23, 1938.

Past history.—Married; one child twelve years of age; no further pregnancies; her last menstruation, six days in duration, was completed one week previously. The patient had always been a very healthy woman, and, other than a confinement, had never been ill until about three years ago, when she began to have attacks of backache in the lower lumbar region which would last about ten days at a time. She stated that the only relief she got was to stand against a hot radiator and rest as much as possible. These attacks of pain would come irregularly every two to four months.

Present illness.—Three days prior to admission she had a return of this backache, which persisted throughout the three days, and was felt to be a little higher in the left loin as well. She went to bed and called her physician, who attended her prior to admission. He thought he could elicit some tenderness in the left iliac fossa on deep palpation. The build of the patient was such as to render physical examination very difficult. She weighed approximately 230 pounds, and had a very heavy abdominal wall, with at least five inches of fat in the form of a pendulous apron which hung down six inches below the vulva. As the patient did not improve and the temperature was rising, she was admitted to hospital.

Physical examination.—Further examination elicited the following. The patient had neither vomited nor felt nauseated at any time; there was no abdominal rigidity, no flatulence. The bowels had moved normally six hours before. The site of pain, which was of a dull aching character, was in the left lumbar region above the crest of the ilium; slight discomfort was felt on deep pressure in the left iliac fossa. The temperature rose rapidly, and by 11 p.m. was 104°; pulse 96; and respirations 22. The patient did not look ill and was quite able to partake of her liquid diet. Urinalysis of a catheter specimen was specific gravity 1.022; acid; an occasional pus cell; a trace of albumin; no sugar. Red blood count 5,200,000; white blood count 40,200; the differential count showed 78 per cent polymorphonuclears, of which 25 per cent were young; the lymphocytes were normal. A blood culture was taken which remained negative over several days. Blood chemistry gave urea 25.9 mg.; creatinine 1.85 mg.; and blood sugar 0.21 per cent.

Pelvic examination revealed no vaginal discharge, a normal-sized uterus, and no masses could be made out; there was no tenderness nor pain. The lungs were clear and no evidence of an infection could be found in the nose and throat.

Diagnosis.—The diagnosis of this case of obviously inflammatory origin was very obscure. A twisted and ruptured ovarian cyst with some intra-peritoneal hæmorrhage was considered. The appendix was thought of, but the absence of intra-peritoneal subjective symptoms and objective signs was against any inflammatory condition within the peritoneal cavity. The patient was therefore put on fluid diet, with an electric heater over the left loin, and, pending the result of the blood culture, she was given an immediate dose of 25 grains of prontylin, followed by 10 grains every four hours, with a like amount of soda bicarbonate.

Progress.—During the next three days there was no change in the absence of intra-peritoneal symptoms or